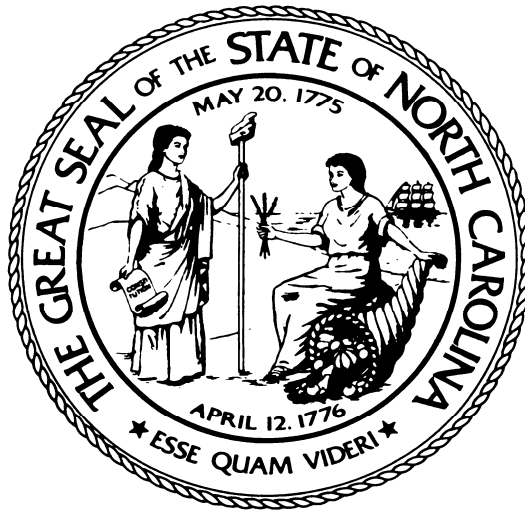


# North Carolina Child and Family Leadership Council



## *January 2010 Report To The*

Office of the Governor

Joint Appropriations Committees and Subcommittees on  
Education

Joint Appropriations Committees and Subcommittees on Justice  
and Public Safety

Joint Appropriations Committees and Subcommittees on Health  
and Human Services

Fiscal Research Division of the Legislative Services Office

January 2010

December 31, 2009

Pursuant to Session Law 2007-323, Section 10.9, the North Carolina Child and Family Leadership Council (NCCFLC) submits its January 2010 Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

## Executive Summary

This report presents information concerning the implementation of North Carolina's School-based Child and Family Support Team (CFST) Initiative through December 31, 2009. This is the ninth<sup>1</sup> such report submitted by the NCCFLC, and fulfills its legislative mandate to submit a report by January 1, 2010.

A recently published issue brief entitled, "Underperforming Schools and the Education of Vulnerable Children and Youth"<sup>2</sup> describes the poor academic progress of vulnerable youth, its impact on the school setting as a whole, and the types of services that may be implemented to help resolve the problems. In summary it makes the following points:

- After almost two decades of efforts to improve student achievement by improving instruction only, the majority of students in some schools still are still achieving below standards, and the schools have been unable to improve on this record.
- The lives of vulnerable children and youth and the performance of their schools are intertwined.
- Any comprehensive and systemic agenda for instructional improvement must take these students into account if it is to succeed in turning around underperforming schools.
- The services of other child serving agencies are designed for short term involvement in the lives of vulnerable youth, and as such the primary responsibility for improving the educational experiences and outcomes for these children should remain with the public school system.
- The schools serving vulnerable youth require distinct services that are responsive to the needs of their student populations.
- A suggested innovative model of services would be for professionals in education and other child serving agencies to collaborate on improving academic achievement and behavioral outcomes.

Since its beginning in 2005, the CFST has been an example of the kind of innovative model that provides the "distinct services" recommended by Chapin Hall. It is a school based service that brings the resources of four North Carolina child serving Departments (the Departments of Public Instruction, Health and Human Services, and Juvenile Justice and Delinquency Prevention; and the Administrative Office of the Courts) together to identify the most at-risk, vulnerable students in 21 select school systems<sup>3</sup>, and partner with their parents and others to get them the services they need to succeed as quickly as possible.

The CFST is guided through the leadership of the NCCFLC. The NCCFLC is co-chaired by the Superintendent of the Department of Public Instruction (DPI) and the Secretary of the Department of Health and Human Services (DHHS). Its other members include the Secretary of the Department of Juvenile Justice and Delinquency Prevention (DJJDP), Chairman of the State Board of Education (SBE), and the Director of the Administrative Office of the Courts (AOC). The members of the NCCFLC work together to ensure that their agencies collaborate in the

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<sup>1</sup> Previously submitted reports may be accessed through the CFST web site at <http://www.ncdhhs.gov/childandfamilyteams/publications/index.htm>.

<sup>2</sup> Walker, L. & Smithgall, C. (2009) *Underperforming Schools and the Education Vulnerable Children and Youth*. Chicago: Chapin Hall at the University of Chicago.

<sup>3</sup> See Attachment 1 for a listing of the selected school systems and schools.

development and implementation of the CFST and provide needed support to ensure that it is successful.<sup>4</sup>

This report presents a brief description of the CFST's service model, and how it is being implemented across the state. It summarizes initial demographic information and data on the students served by the nurse/social worker teams and the services they were referred to. This is not meant to be the final data report for the 2009-2010 school year. The data presented is from the case management system, and is limited to a time period beginning on July 1, 2009 and ending October 31, 2009. It also presents information gathered from surveys of parents, students, principals, local school system central office senior staff members, and public child serving agencies. These surveys were administered by the evaluation team in the spring of 2009 and reflect the opinions of those who were connected to the CFST during the 2008-2009 school year. Surveys for the 2009–2010 school year will be administered in the spring of 2010. Their findings will be reported as soon as possible after collected and analyzed.

The information in this report will show that the CFST is fulfilling its legislative requirements to develop a system of services based upon interagency collaboration and the increased capacity in the school setting to address the academic, health, mental health, social, and legal needs of children. While the CFST nurses and social workers are making gains in engaging families, and helping students, families and their schools experience positive outcomes; there are also areas of improvement to be addressed. This report will provide information on those areas as well as the positives.

The comment of some principals in CFST schools illustrates how successful the CFST services can be in local schools<sup>5</sup>:

*“The CFST Team is a vital part of our school. They are involved in all aspects of attendance, discipline, academics and other problems that cause drama for at risk students. We meet almost daily on problems and the social worker is a very important part of our Student Services Management Team. Our dropout rate has gone from 42, 2 years ago, 23 last year and this year under 20. Our team really goes above and beyond for our students. We are able to get involved in almost every student problem many of which we would overlook normally because of priority until the problem gets serious. I cannot imagine not having the CFST team in our school. It has a very positive effect on our school. Our Social Worker really cares deeply for every student and never stops trying to help.”*

*“Our school continues to improve and the CFST program has had a direct impact on that improvement. During the past 4 years, suspensions have decreased from 215 in 2005-2006 to 53 during this past school year. Attendance has improved and the percentage of students on grade level has increased. The CFST has reached students and their families with needs that would have otherwise fallen through the crack. I don't know how we operated without them in the past.”*

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<sup>4</sup> For more information on the 2005 and 2007 legislation and its requirements see <http://www.ncleg.net/Sessions/2005/Bills/Senate/PDF/S622v9.pdf> and <http://www.ncleg.net/Sessions/2007/Bills/House/PDF/H1473v10.pdf>

<sup>5</sup> Spring 2009 CFST Evaluation Principals Survey

## CFST Model of Services

In short, the CFST model is simple by design. It is intended to provide the best services agencies have to offer to the students who can most benefit from them as quickly as possible. It provides the funding (100% state allocations) and programmatic structure to support 100 teams of nationally certified school nurses and licensed school social workers working full time in 102 schools across the state.<sup>6</sup> The school systems and schools were selected based upon the high levels of risk their students experience as barriers to academic success and family stability. The schools themselves are not necessarily “high risk” or “low performing”. They are faced with the reality of having to provide the best educational experience possible to the highest concentrations of at-risk students in North Carolina.

The nurse/social worker teams are joined in the CFST by professionals from local mental health and social services agencies. These positions are specifically funded for the purpose of helping the families and students served by the teams get screened and served by their agencies’ as quickly as possible. In addition, these are joined by existing staff members of local juvenile court and public health agencies to form the professional/formal component of a united Child and Family Support Team (the Team). As students and families are identified and served, they and their informal supports become the non-professional (and most important) component of the Team. The Team remains intact and active until it is no longer needed by the student and family, but its membership may vary based upon need and availability of resources. All the CFST’s services are family-centered and individualized to meet the specific needs of every student. The services provided by the CFST are entirely voluntary and may be refused by the parents at any time, for any reason without negative consequence.

One of the key components of the CFST is its legislative requirement that the nurse/social worker teams “identify and screen children who are potentially at risk of academic failure or out-of-home placement”. In practice, this means that the CFST funded nurses and social workers do not necessarily serve the universal student populations in their schools. Their target population is specific and defined – those students most at risk of failure in school or placement outside of their natural homes. Students are brought to the attention of the teams in two specific manners, by referral or as identified by the teams themselves. In the CFST anyone may refer a student to the CFST nurse or social worker for services. At-risk students may also be identified by the nurse/social worker teams through reviews of truancy, discipline, free/reduced lunch and academic records maintained by the individual schools.

According to information entered into the evaluation team’s case management system there have been 4,412 referrals identifying 3,900 students as being potentially at-risk of academic failure or out-of-home placement in the 102 schools participating in the CFST. Those schools have an average daily membership (ADM) of 59,066 students, and therefore 6.6% of the total ADM were identified as being potentially at risk. Gender related information has been entered into the system on 3,886 of the students.<sup>7</sup> Approximately 54% of the referred students were male and 46% female. Demographic information concerning race has been entered on 3,861 of

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<sup>6</sup> Due to their low student populations two schools in Hyde County permanently share one team. Two schools in Richmond County share a team on a temporary basis until construction is completed on a new building that will house them both.

<sup>7</sup> Some gender, race and ethnicity data does not match the total number of students served due to the fact that some users have left some demographic data fields vacant when entering data. The evaluation team and program coordinator continue to work with the system’s users to resolve the issues.

the students referred. Of that number about 54% were African-American, 32% Caucasian or white, 3% multi-racial, 2% Native American or Pacific Islander, less than 1% Asian, and 8% “other”.

**Table 1: Referrals by School System (7/1/2009 – 10/31/2009)**

| School System    | # CFST Schools | # Students Referred | # Referrals |
|------------------|----------------|---------------------|-------------|
| Alamance         | 7              | 467                 | 574         |
| Anson            | 5              | 344                 | 457         |
| Bertie           | 4              | 127                 | 150         |
| Caldwell         | 5              | 187                 | 208         |
| Duplin           | 6              | 309                 | 373         |
| Durham           | 7              | 203                 | 216         |
| Forsyth          | 7              | 311                 | 344         |
| Greene           | 4              | 147                 | 156         |
| Halifax          | 4              | 147                 | 149         |
| Hoke             | 4              | 96                  | 106         |
| Hyde             | 3 (2 Teams)    | 34                  | 36          |
| Martin           | 4              | 121                 | 132         |
| McDowell         | 4              | 109                 | 112         |
| Nash/Rocky Mount | 4              | 185                 | 204         |
| Pamlico          | 4              | 144                 | 152         |
| Person           | 3              | 127                 | 128         |
| Richmond         | 5 (4 Teams)    | 113                 | 114         |
| Scotland         | 7              | 221                 | 240         |
| Swain            | 3              | 125                 | 129         |
| Vance            | 6              | 150                 | 166         |
| Wayne            | 6              | 233                 | 266         |

The case management system also provides data concerning the referral sources. This is important as it helps inform programmatic decisions concerning who to target as potential recipients of CFST related programs and informational sessions. A summary is provided in Table 2 below.

**Table 2: Source of Referrals (4,418 total)**

| Referring Person                                | Number | % of total |
|---|--------|------------|
| School: Teacher                                 | 1159   | 26.23%     |
| School: CFST Leader at Current School           | 957    | 21.66%     |
| Family: Parent/Primary Caregiver                | 557    | 12.61%     |
| School: Principal or other School Administrator | 517    | 11.70%     |
| School: Other School Staff                      | 376    | 8.51%      |
| School: School Counselor                        | 235    | 5.32%      |
| Family: Student (self)                          | 154    | 3.49%      |
| School: CFST Leader at Prior School             | 83     | 1.88%      |
| Other: Mental Health Provider (private)         | 63     | 1.43%      |
| Representative: Social Services                 | 59     | 1.34%      |
| Not Specified                                   | 46     | 1.04%      |

**Table 2: (continued)**

| Referring Person                                   | Number | % of total |
|--|--------|------------|
| Representative: Other Community Agency             | 40     | 0.91%      |
| School: School Based Team                          | 39     | 0.88%      |
| Family: Other member                               | 32     | 0.72%      |
| Other  | 24     | 0.54%      |
| Representative: DJJDP                              | 21     | 0.48%      |
| Representative: LME                                | 19     | 0.43%      |
| Other: Medical Provider (private non school-based) | 18     | 0.41%      |
| Other: Neighbor/Family Friend                      | 9      | 0.20%      |
| Family: Sibling                                    | 4      | 0.09%      |
| Other: Student's friend or peer                    | 3      | 0.07%      |
| Representative: Public Health                      | 3      | 0.07%      |

A trend has been manifesting itself in that an increasing number of parents, students and other family members are requesting the services from the CFST teams (almost 17% of the total compared to 12% last school year). This is important as it shows that the CFST teams are becoming increasingly successful at engaging parents and students in a positive manner. This positive experience with the schools is reflected in the responses of parents and students to written survey questions.

- How 233 parents responded when asked about their levels of agreement with the statement, *"The CFST program helped my child be more successful at school."*
  - Strongly Agreed: 52.4%
  - Agreed: 34.8 %
  - Disagreed: 1.7%
  - Strongly Disagreed: 1.3%
  - Don't Know: 7.7%
  - Does Not Apply: 2.2%

Table 3 shows the responses of middle and high school students when asked about their experiences with the CFST model of services.

**Table 3: Student Survey Responses on CFST Experiences**

|  | % Strongly Agree | % Agree | % Strongly Disagree | % Disagree | # of respondents |
|--|------------------|---------|---------------------|------------|------------------|
| I feel that there are more adults at school who will listen to me. | 46.0             | 40.5    | 9.5                 | 4.1        | 92               |
| I get along better with my teachers.                               | 37.0             | 48.0    | 12.3                | 2.7        | 91               |
| I feel better about going to school.                               | 37.5             | 44.4    | 13.9                | 4.2        | 90               |
| I am doing better with my school work.                             | 43.8             | 42.5    | 9.6                 | 4.1        | 91               |
| I get along better with my family.                                 | 43.8             | 46.6    | 6.9                 | 2.7        | 91               |

The referral source data also shows that almost 52% of the referrals come from school staff members besides the CFST nurse/social workers. These include teachers, principals, counselors, and others connected to the students. This presents both a positive and a negative

for the CFST program. The positive is that the students have caring professionals who are concerned for them and their progress in school. The negative is that those professionals may not understand the CFST, and therefore may refer students for services that may not fit the target population of at-risk status. This is an issue because if the nurses and social workers are faced with screening and treating students who could have their issues appropriately managed by someone else in the school, they have less time and capacity to meet the needs of the school's most at-risk students. This is especially true for the nurses, as they are required to conduct thorough assessments on the presenting complaints each of the students has when they see them. They are also required to fully document the students, assessments and any treatments in the students' individual health records. CFST nurses have reported that each student they see and treat for "health clinic/band aid" type issues may take as much as 30 to 45 minutes to resolve. If this occurs with too much frequency, it is easy to see how the needs of the at-risk students could be missed.

Last spring, the CFST nurses and social workers were surveyed as a way to ascertain whether or not this was an issue for them. They were asked about the appropriateness of the referrals they had received up to the time they took the survey. Table 4 below shows their responses, and indicates that most of the nurses and social workers believed the referrals they got from other school staff members were appropriate for CFST services.

**Table 4: Inappropriate Referrals**

| % of Inappropriate Referrals  | Nurse | Social Worker |
|---|-------|---------------|
| 0-5%  | 58%   | 53%           |
| 6-10%   | 18%   | 24%           |
| 11-25%  | 8%    | 10%           |
| 26-50%  | 6%    | 6%            |
| 51-100%   | 9%    | 7%            |
| <i>Source: Author's tabulation of the CFST Leader Spring 2009 Survey</i>    |       |               |
| <i>*Not statistically significantly different by nurse or social worker</i> |       |               |

They were also asked if they believed that principals and teachers understood their roles in the CFST. Table 5 shows their responses and illustrates that most of the nurses and social workers believe that others understand their roles in the schools as CFST funded staff members.

**Table 5: CFST Role Clarity**

|  | Not all | Generally Misunderstand | Generally Understand | Fully Comprehend |
|--|---------|-------------------------|----------------------|------------------|
| Teachers   | 0%      | 16%                     | 78%                  | 6%               |
| Administrators   | 1%      | 6%                      | 58%                  | 35%              |
| <i>Source: Author's tabulation of the CFST Leader Spring 2009 Survey</i> |         |                         |                      |                  |

## Child and Family Team Meetings

Once the CFST has been determined to be the appropriate service model for a student, the team contacts the parents to initiate the first of what may be several Child and Family Team meetings. The use of Child and Family Team meetings is core to the CFST model of services. This is due to the fact that they are used for planning services by other child serving agencies, and therefore allows the CFST to "fit" into the "one child, one family, one plan" model families



being served are accustomed to. In the CFST, a Child and Family Team meeting facilitated by the nurse/social worker teams must have the parents of the students physically present and participating in the discussions. This policy ensures that the CFST remains compliant with its legislative requirement to involve parents in all decisions and service planning. It also ensures, as much as possible that the service planning meets the “golden rule” of family-centeredness - “Nothing About Me, Without Me”. When implemented as designed, families are able to meet with each of the agencies involved in their lives at one time, around one table, and develop one coordinated plan of services.

Table 6 shows the results of a parent survey question asking those who attended meetings about their experiences.

**Table 6: Parents Experience With Child and Family Team Meetings**

|  | % Strongly Agree | % Agree | % Disagree | % Strongly Disagree | # of Respondents |
|--|------------------|---------|------------|---------------------|------------------|
| My opinions were respected during the meeting.                         | 73.3             | 25.24   | 0.97       | 0.49                | 206              |
| The meeting was a good use of my time.                                 | 64.56            | 33.01   | 1.94       | 0.49                | 206              |
| The meeting was held at a convenient time and place for me.            | 69.57            | 29.47   | 0.97       | 0                   | 207              |
| The right people were invited to the meeting.                          | 69.08            | 28.5    | 1.93       | 0.48                | 207              |
| An appropriate plan to help my child was developed during the meeting. | 71.57            | 26.47   | 0.98       | 0.98                | 204              |

Table 7 shows the results of a student survey question asking those who attended meetings about their experiences.

**Table 7: Students Experience With Child and Family Team Meetings**

|  | % Strongly Agree | % Agree | % Disagree | % Strongly Disagree | # of Respondents |
|--|------------------|---------|------------|---------------------|------------------|
| My opinions were respected during the meeting              | 60.8             | 37.8    | 1.4        | 0.0                 | 78               |
| The meeting was a good use of my time                      | 56.2             | 39.7    | 4.1        | 0.0                 | 77               |
| The meeting was held at a convenient time and place for me | 51.4             | 48.7    | 0.0        | 0.0                 | 78               |
| The right people were invited to the meeting               | 51.4             | 44.4    | 2.8        | 1.4                 | 76               |
| An appropriate plan to me was developed during the meeting | 58.1             | 35.1    | 5.4        | 1.4                 | 78               |

The supporting professionals involved with the CFST were also surveyed about their experiences and how beneficial the meetings were to them. 19 representatives from county Departments of Social Services, 18 representatives from local Department of Juvenile Justice &

Delinquency Prevention Districts and 19 representatives from Local Management Entities responded. Their responses are in Table 8 below.

**Table 8: Community Partners Experience With Child and Family Team Meetings**

|   | % Strongly Disagree | % Disagree | % Slightly Disagree | % Slightly Agree | % Agree | % Strongly Agree |
|---|---------------------|------------|---------------------|------------------|---------|------------------|
| I understand the role of each person during the CFST meetings.  | 0.0                 | 0.0        | 3.6                 | 7.1              | 39.3    | 50.0             |
| Participating in CFST meetings is a good use of my time.  | 1.8                 | 3.6        | 0.0                 | 10.7             | 30.4    | 53.6             |
| When I have been asked to participate in CFST meetings this academic year the requests have been appropriate. | 1.8                 | 1.8        | 0.0                 | 5.5              | 41.8    | 49.1             |

A comment included in one of the surveys completed by a DSS representative illustrates the benefits of getting the right people together in a Child and Family Team meeting.

*"I attended a CFST meeting at a local High School. The family was in need of multiple services from Medicaid, food stamps, transportation to mental health, employment, academics. By bringing every agency together we were able to set this family up with all needed services. The paperwork for all services was completed at the meeting and appointments set. To work a case like this without the agencies together would have taken a social worker from DSS anywhere from two to three months. We completed all of this in two hours!"*

A primary objective of initial Child and Family Team meetings in the school based CFST is to discuss the student's needs, and develop plans to meet those needs. Another goal is to establish the "primary unmet need" of the student. In the CFST this is defined as the one issue that presents the greatest barrier to the student's academic success or family stability. Once this has been determined, the agency best suited to meet the student's primary unmet need is charged with leading the Team's service process throughout its duration (e.g., schools for academic issues, the local management entity for unmet mental health needs, social services when the primary unmet need relates to child welfare or child abuse and neglect, DJJDP Chief Court Counselor for juvenile justice issues and public health for health related needs.). The Child and Family Team meetings are held as often as necessary to monitor the services and adjust plans as the situation changes.

According to what has been entered into the case management system, during the time period of July 1, 2009 through October 31, 2009 there have been 4,172 Child and Family Team meetings. Most of the meetings took place in the schools (about 78%). About 16% have taken place in the families' homes, and the rest (about 6%) in "other" locations. The other locations include the offices of other child serving agencies, churches, community centers, and even restaurants.

The case management system also provides information on the how often the various child serving agencies function as the "lead agency" in managing the case through the service process. That information is reflected in Table 9 below.

**Table 9: Child and Family Team Meetings by Lead Agency**

| Lead Agency                                 | # of Meetings | % of Total |
|---|---------------|------------|
| Schools                                     | 3,553         | 85%        |
| Public Health                               | 84            | 2%         |
| Local Management Entity (Mental Health)     | 272           | 7%         |
| Social Services                             | 186           | 4%         |
| Juvenile Justice and Delinquency Prevention | 77            | 2%         |

The primary unmet needs identified by the teams reflect the complexity and depth of the barriers faced by at risks students. According to data entered into the case management system, the issues most frequently identified as being the primary reasons why the students are at risk are included in Table 10 below. It is important to note that this data set is not intended to capture every negative issue faced by the students and their families. This component of the case management system only captures those issues that are the most impacting to a specific student being served by the CFST nurse/social worker teams at a specific point in time. Issues such as obesity, family custody and conflict, parental incarceration, and others combine with those listed in the table to make the provision of services and engagement of the families especially challenging. Issues such as these require careful planning and deliberate efforts of inter-agency collaboration as no one service provider has the resources or programmatic capacity to resolve them functioning alone.

**Table 10: Child and Family Team Meetings by Identified Primary Unmet Need**

| Primary Unmet Need                                     | # of Meetings | % of Total |
|--|---------------|------------|
| Other Health Concerns                                  | 567           | 14.26%     |
| Inappropriate behavior                                 | 564           | 14.19%     |
| Other  | 490           | 12.33%     |
| Excessive Absences                                     | 306           | 7.70%      |
| Low income   | 252           | 6.34%      |
| Aggressive behavior                                    | 226           | 5.69%      |
| Homelessness   | 182           | 4.58%      |
| Asthma   | 147           | 3.70%      |
| Pregnant/ parenting                                    | 123           | 3.09%      |
| Exceptional Children's Status                          | 119           | 2.99%      |
| History of abuse/neglect/dependency/ domestic violence | 109           | 2.74%      |
| Retained one or more years                             | 81            | 2.04%      |
| Excessive Tardy  | 80            | 2.01%      |
| Depression   | 79            | 1.99%      |
| Failed 2+ subjects (failed semester)                   | 78            | 1.96%      |
| Diabetes   | 77            | 1.94%      |
| Delinquent and Criminal Activity                       | 60            | 1.51%      |
| Suspensions  | 57            | 1.43%      |
| Parent or family member needs                          | 55            | 1.38%      |
| Developmental Issues                                   | 48            | 1.21%      |

According to data entered into the case management system 4,660 students have had plans developed in efforts to get them needed services. Those plans recommended 5,262 services,

of which 3,863 have been received. Table 11 lists the recommended services planned during the Child and Family Team meetings held thus far this school year.

**Table 11: Strengths-Based Interventions**

| Strength-Based Intervention                | # of Services | % of Total |
|--|---------------|------------|
| School-based: Other                        | 832           | 15.81%     |
| Referral: Medical (private)                | 568           | 10.79%     |
| School-based: Health Services              | 555           | 10.55%     |
| Support for Parent                         | 541           | 10.28%     |
| Referral: Mental Health Provider (private) | 463           | 8.80%      |
| School-based: Counseling                   | 311           | 5.91%      |
| Referral: Other Community Agency           | 288           | 5.47%      |
| Advocacy                                   | 228           | 4.33%      |
| Referral: DSS                              | 204           | 3.88%      |
| Other                                      | 194           | 3.69%      |
| School-based: Tutoring                     | 164           | 3.12%      |
| Referral: Public Health                    | 157           | 2.98%      |
| Behavioral Contract                        | 139           | 2.64%      |
| Faith-based Intervention                   | 113           | 2.15%      |
| Referral: LME                              | 112           | 2.13%      |
| School-based: Mental Health Services       | 93            | 1.77%      |
| Mentoring (non-CSS)                        | 52            | 0.99%      |
| Referral: DJJDP/Criminal Justice           | 49            | 0.93%      |
| School-based: Alternative School           | 48            | 0.91%      |
| Transportation                             | 47            | 0.89%      |
| After-school Program                       | 39            | 0.74%      |
| Law Enforcement                            | 22            | 0.42%      |
| School-based: Extra Curricular Activities  | 21            | 0.40%      |
| Tutoring (non school-based)                | 12            | 0.23%      |
| Local Recreation Program                   | 6             | 0.11%      |
| Referral: Substance Abuse                  | 2             | 0.04%      |
| School-based: Community College            | 2             | 0.04%      |

The CFST nurses and social workers also enter follow up information into the system. This identifies barriers and other issues of concern for them as they plan services for families in their communities. According to data entered into the system, the most identified issue in follow up was “no barrier” identified (about 60% of the time). When barriers to services were identified, most of the time they were related to how well the teams engaged the families, students and others in following through with the services. These are illustrated in Table 12 below.

**Table 12: Barriers to Service Provision (total 1698)**

| Barriers to Care  | # of Service Plan Follow-ups | % of Totals |
|---|------------------------------|-------------|
| Cooperation: Other agencies non-cooperative or Refused          | 40                           | 2.36%       |
| Cooperation: Parent does not follow through or Refuses          | 430                          | 25.32%      |
| Cooperation: Student does not follow through or Refuses         | 311                          | 18.32%      |
| Cooperation: Other school personnel non-cooperative or Refused  | 36                           | 2.12%       |
| Cooperation: Service provider doesn't follow through or Refuses | 25                           | 1.47%       |
| Financial: Uninsured  | 42                           | 2.47%       |
| Financial: Cost   | 156                          | 9.19%       |
| Financial: Provider does not accept insurance                   | 9                            | 0.53%       |
| Language Barriers   | 79                           | 4.65%       |
| Legal Issues  | 14                           | 0.82%       |
| Literacy Barriers   | 26                           | 1.53%       |
| Other   | 270                          | 15.90%      |
| Scheduling Problems   | 144                          | 8.48%       |
| Services Unavailable in the Community                           | 23                           | 1.35%       |
| Transportation  | 93                           | 5.48%       |

## Home Visits

One method of intervention utilized by the nurse/social worker teams to overcome relationship barriers is the use of home visits. According to the case management system data there have been 1,842 home visits made this school year. In the CFST, home visits are used for the following reasons:

- To have a team meeting
- To provide information to the parent about the CFST program
- To strengthen the relationship with the parent/family
- To better understand the family's needs
- To communicate with the family
- To reach out to the most difficult families

The nurses and social workers were asked to rate the importance of home visits in the survey they completed last spring. Their responses are in Table 13 below.

**Table 13: CFST Nurses/Social Workers Experience with Home Visits**

| Question: How important are each of the following potential benefits of home visits? | % Not at All Important | % Somewhat Important | % Very Important | #   |
|--|------------------------|----------------------|------------------|-----|
| Parents feel more comfortable with the school.                                       | 1%                     | 15%                  | 84%              | 193 |
| Overcomes barriers to access for parents (like transportation/lack of phone).        | 0%                     | 5%                   | 95%              | 194 |

**Table 13: (continued)**

| Question: How important are each of the following potential benefits of home visits?                  | % Not at All Important | % Somewhat Important | % Very Important | #   |
|---|------------------------|----------------------|------------------|-----|
| Overcomes emotional barriers to working parents/families (ex. Parents are distrustful of the school). | 1%                     | 20%                  | 79%              | 193 |
| Provides the CFST leaders with a better sense of the students/families living conditions.             | 0%                     | 3%                   | 97%              | 194 |

The value of making home visits is best illustrated by the comments of two of the CFST staff members on the survey.

*“An autistic student and his mother were very hesitant to interact with me. After I made a home visit during which I sat for a long time with the family and interacted with him through playing with his new puppy he allowed me into his "circle". He and I worked very well together, in fact I was his "safe haven" when he started getting upset for the rest of the year. His family also experienced the domestic violence and kidnapping of his mother. I helped the family access services through domestic violence, and law enforcement and was a support for the mother throughout the process. He finished his school year very successful and will transition to a new school next year.”*

*“During one home visit we discovered that the father had been laid off, the mother's hours had been cut back and they had been evicted from their apartment. All things we would not have known if we did not visit the home. They told us that they were too embarrassed to share any of this information with the school, but felt comfortable talking with us. We were able to refer them to several agencies for assistance and provide them with Christmas for the family... Another family who we have also worked with for 2 years, routinely calls us now whenever they have concerns, at home or at school, about their children. We were aware when the mother had open heart surgery because we visited the home regularly and were able to provide support for the father. Since the hospital was in another county we had enough time to make arrangements because we knew in advance. CFST referred them to a local organization, who provided them with travel vouchers, and to the hospital, who provided the husband with meal tickets.”*

## **Engaging Community Partners**

The CFST initiative is designed to unite community partners in serving children. During the spring of 2009, representatives from the Department s of Social Services (19), Juvenile Justice and Delinquency Prevention (18) and the local management entities (19) were surveyed to better understand their thoughts regarding the CFST initiative.

There are several ways that partners can participate in the CFST program. For example, they can communicate with the school system about the initiative, attend meetings, refer students that they work with to the meetings as well as lead a meeting. In terms of the frequency of the different activities there was a lot of variability in how engaged the partners were.

Approximately 22% of agencies surveyed are communicating daily with someone from the school system regarding the CFST initiative while 16% are doing so only once every few months. While about 42% of agency partners are attending CFST meetings at least twice per month, about one third are not attending (7.3%) or attending once every few months (25.5%). There may be a missed opportunity among partner agencies in terms of referring youth to these teams. About 35% of partners say that they or someone from their agency has never referred a youth to these teams. In addition, 40% of the partners say that neither they nor someone from their agency has led a team meeting.

**Table 14 Interagency Connections**

| Question: How often would you estimate that you or someone from your agency has done the following during the current academic year (2008-2009)? | % Daily (3-5 times a week) | % Weekly (Once or twice a week) | % Bi-weekly (about twice a month) | % Monthly | % Once every few months | % Never |
|--|----------------------------|---------------------------------|-----------------------------------|-----------|-------------------------|---------|
| Communicate with someone from the school system regarding the CFST initiative.   | 21.8                       | 27.3                            | 14.6                              | 20.0      | 16.4                    | 0.0     |
| Receive notification about CFST meetings.  | 5.5                        | 21.8                            | 23.6                              | 23.6      | 20.0                    | 5.5     |
| Attend a CFST meeting with academic year.  | 3.6                        | 16.4                            | 21.8                              | 25.5      | 25.5                    | 7.3     |
| Refer children or youth to the CFST nurse/social worker teams.   | 0.0                        | 7.3                             | 7.3                               | 18.2      | 32.7                    | 34.6    |
| Function as the lead agency in CFST meetings involving children or youth served by the CFST nurse/social worker teams.                           | 0.0                        | 10.9                            | 18.2                              | 10.9      | 20.0                    | 40.0    |

Ideally, the CFST initiative is designed to synergistically help the schools and the partners serve children. The partners were asked a series of questions about how the CFST might help them serve youth. Overall, they reported that the CFST initiative helped them to receive information on the youth they serve more quickly, has promoted more proactive communication among agencies, has increased their ability to monitor youth, has increased their ability to communicate with parents, has improved the agency's ability to connect youth to appropriate services. Similarly, the agencies feel that there is a better understanding between the school and their own agency.

**Table 15 Interagency Benefits of the CFST**

| Variable: Please rate the extent to which you agree with the following statements. | % Strongly Disagree | % Disagree | % Slightly Disagree | % Slightly Agree | % Agree | % Strongly Agree | % Not Applicable |
|--|---------------------|------------|---------------------|------------------|---------|------------------|------------------|
| I receive information more quickly regarding the youth that I serve.               | 1.9                 | 5.8        | 13.5                | 17.3             | 32.7    | 28.9             | 4                |
| There is more proactive communication among agencies.                              | 3.7                 | 3.7        | 5.6                 | 18.5             | 33.3    | 35.2             | 1                |
| My ability to monitor the youth I serve has increased.                             | 2.2                 | 6.5        | 8.7                 | 13.0             | 37.0    | 32.6             | 8                |
| My ability to communicate with parents has increased.                              | 2.2                 | 4.4        | 8.7                 | 19.6             | 37.0    | 28.3             | 9                |
| Our agency is better equipped to connect youth to appropriate services.            | 1.9                 | 5.7        | 9.4                 | 18.9             | 26.4    | 37.7             | 2                |
| Our agency better understands the school perspective on youth.                     | 3.6                 | 5.5        | 3.6                 | 20.0             | 32.7    | 34.6             | 0                |
| The school better understands what our agency has to offer.                        | 3.6                 | 3.6        | 5.5                 | 23.6             | 29.1    | 34.6             | 0                |

Several partners shared their perspectives on how the CFST. Many shared that the CFST was having a positive impact on collaboration across communities. As one partner noted, *“The CFST Initiative is a much needed resource for our youth in the community. The social workers and school nurses assist DJJDP each day with our youth by providing the families with connections to social services, DJJDP, mental health, public health, etc. The youth and families benefit from this vast array of services being at the table at each CFST meeting. The information that is shared within these meetings is crucial for the development of these youth.”*



## Issues Affecting Future Implementation

Through the implementation experiences of the last year, and reflections of the professional staff and families involved with the CFST, several issues for moving forward have come to light and are described below.

- **Lapses in data entry by the nurses and social workers creates gaps in information management, and limits the evaluation team's capacity to accurately match the students with administrative data from other agencies.** As noted previously in this report, some users of the evaluation's case management system are not consistently entering all the demographic data needed by the evaluation. The Program Coordinator and evaluation team continue to provide group and individual training and technical assistance as needed. Access to the system's reports has also been given to all of the principals in CFST schools, as well as all of the local Central Office CFST coordinators. This allows them the ability to review the data and control their teams' data entry. The Program Coordinator's office also downloads specific data sets from the case management system, and sends them to the Superintendents and Coordinators on a regular basis. Data entry issues are a regular component of every Web-Nar and site visit conducted by the Program Coordinator.
- **CFST funds to the local school systems were reduced this state fiscal year.** As a result of the budget crisis faced by the State last year, funds to hire social workers and operate the CFST were reduced by 10% from the previous year. This has not directly resulted in any CFST staff members being laid off from their positions, but has negatively impacted the capacity of local systems in two specific manners:
  - Some are now using local funds to pay their salary and fringe benefits. As budgets get more restrictive, and staff salaries increase due to education and experience, local systems will have fewer funds to cover these expenses.
  - All of the systems have fewer funds to pay for operational expenses such as travel for home visits, supplies, staff development, etc.
- **Other funds local systems use to pay for social workers and nurses were also reduced as a result of the budget crisis.** As a result some school systems have laid non-CFST support staff off, and that creates a service void that pressures CFST funded staff to become more involved in regular duties that take them away from serving CFST students.
- **Home visits help nurses and social worker engage families, but are occurring less frequently due to budget restrictions.** The nurses and social workers overwhelmingly spoke about the positive outcomes related to home visits. They said that home visits helped build trust and relationships with hard to reach families, helped overcome barriers to service provision and improved communication with families. Further investigation might be necessary to examine the cost of conducting home visits and ensuring that resources are spent efficiently.
- **Some principals and other school personnel are uncomfortable with the flexibility of scheduling and absence from the school buildings CFST nurses and social workers experience.** Unlike most school personnel, CFST funded staff members have

distinct responsibilities directly connected to their funding and legislative requirements. In practice that means that they are often in positions not historically connected to student support services. For example, they are expected to meet families at times and locations that are convenient for the family. This could include meetings outside of school hours as well as at off the school property. Some principals have expressed frustrations with the schedule and the absence of the CFST nurses and social workers. The program is providing training and individual consultation to those school leaders in an effort to help them understand the requirements of the CFST, and decrease some of the frustration that they experience.

- **The schools continue to function as the lead agency in the majority of the cases.** Currently 85% of Child and Family Team meetings are run by the school personnel. Many partners (40%) stated that their agency has never led a Child and Family Team meeting. However, the model as written in the authorizing legislation explicitly states that the “lead” agency should depend upon the primary unmet need of the student. This may be due to agency capacity, family desire, or lack of knowledge that the other agencies are involved. Regardless of the reasons, the practice and the intent of the legislation are fairly disparate at this time.
- **The implementation of cross agency, united services varies from site to site.** Some partners expressed concern over the variability in how Child and Family Team meetings are run. For example, one partner mentioned that multiple agencies are required to facilitate their own meetings. However the language across meetings is different and can be confusing to the families. Another partner mentioned that different schools within the same county follow different protocols, depending on the situation. As the CFST program moves forward, it is working to establish a “toolbox” for users across all agencies and disciplines. This will improve its ability to determine the effectiveness of the program, and also will make it easier to systematically make improvements.

## Attachment 1: Selected School Systems and Schools

| LEAs and Schools   | LEAs and Schools   |
|--|--|
| <p>Alamance</p> <ul style="list-style-type: none"> <li>• Cummings High</li> <li>• Broadview Middle</li> <li>• Andrews Elementary</li> <li>• Eastlawn Elementary</li> <li>• Harvey Newlin Elementary</li> <li>• Graham High</li> <li>• Graham Middle</li> </ul> | <p>Anson</p> <ul style="list-style-type: none"> <li>• Anson High</li> <li>• Anson Middle</li> <li>• Morven Elementary</li> <li>• Wadesboro Elementary</li> <li>• Wadesboro Primary</li> </ul>  |
| <p>Bertie</p> <ul style="list-style-type: none"> <li>• West Bertie Elementary</li> <li>• Windsor Elementary</li> <li>• Bertie Middle</li> <li>• Bertie High</li> </ul>   | <p>Caldwell</p> <ul style="list-style-type: none"> <li>• Whitnel Elementary</li> <li>• West Lenoir Elementary</li> <li>• Gamewell Elementary</li> <li>• Gamewell Middle</li> <li>• West Caldwell High</li> </ul>   |
| <p>Duplin</p> <ul style="list-style-type: none"> <li>• James Kenan High</li> <li>• Rose Hill-Magnolia Elementary</li> <li>• Warsaw Elementary</li> <li>• Charity Middle</li> <li>• E.E. Smith Middle</li> <li>• Warsaw Middle</li> </ul>                       | <p>Durham</p> <ul style="list-style-type: none"> <li>• Bethesda Elementary</li> <li>• Neal Middle</li> <li>• Southern High</li> <li>• Eastway Elementary</li> <li>• Y.E. Smith Elementary</li> <li>• Lowe's Grove Middle</li> <li>• Hillside High</li> </ul> |
| <p>Forsyth</p> <ul style="list-style-type: none"> <li>• Konnoak Elementary</li> <li>• Philo Middle</li> <li>• Parkland High</li> <li>• Ibrahim Elementary</li> <li>• Middle Fork Elementary</li> <li>• Walkertown Middle</li> <li>• Carver High</li> </ul>     | <p>Greene</p> <ul style="list-style-type: none"> <li>• Greene Central High</li> <li>• Greene County Middle</li> <li>• Snow Hill Primary</li> <li>• West Greene Elementary</li> </ul>   |

## Attachment 1: Selected School Systems and Schools

| LEAs and Schools  |   | LEAs and Schools |   |
|---|---|------------------|---|
| Halifax   | <ul style="list-style-type: none"> <li>• Northwest Halifax High</li> <li>• Southeast Halifax High</li> <li>• William R. Davie Middle</li> <li>• Aurelian Springs Elementary</li> </ul>        | Hoke             | <ul style="list-style-type: none"> <li>• Hawk Eye Elementary</li> <li>• West Hoke Elementary</li> <li>• West Hoke Middle</li> <li>• Hoke County High</li> </ul>   |
| Hyde<br>(2 teams for 3 campuses)                                    | <ul style="list-style-type: none"> <li>• Mattamuskeet Elementary</li> <li>• Mattamuskeet Middle</li> <li>• Mattamuskeet High</li> </ul>   | Martin           | <ul style="list-style-type: none"> <li>• E J Hayes Elementary</li> <li>• Williamston Middle</li> <li>• East End Elementary</li> <li>• Roanoke Middle</li> </ul>   |
| McDowell  | <ul style="list-style-type: none"> <li>• McDowell High</li> <li>• East McDowell Junior High</li> <li>• Nebo Elementary</li> <li>• Eastfield Elementary</li> </ul>                             | Nash-Rocky Mount | <ul style="list-style-type: none"> <li>• D.S. Johnson Elementary</li> <li>• Williford Elementary</li> <li>• Nash Central Middle</li> <li>• Nash Central High</li> </ul>   |
| Pamlico   | <ul style="list-style-type: none"> <li>• Fred Anderson Elementary</li> <li>• Pamlico County Middle</li> <li>• Pamlico County High</li> <li>• Pamlico County Primary</li> </ul>                | Person           | <ul style="list-style-type: none"> <li>• Northern Middle</li> <li>• Southern Middle</li> <li>• Person High</li> </ul>   |
| Richmond<br>(4 teams for 5 Schools, * signifies the shared schools) | <ul style="list-style-type: none"> <li>• Rohanen Primary*</li> <li>• Cordova Elementary*</li> <li>• Mineral Springs Elementary</li> <li>• Ellerbe Middle</li> <li>• Rohanen Middle</li> </ul> | Scotland         | <ul style="list-style-type: none"> <li>• Carver Middle</li> <li>• Sycamore Lane Middle</li> <li>• Laurel Hill Elementary</li> <li>• Wagram Primary</li> <li>• Spring Hill Middle</li> <li>• I.E. Johnson Elementary</li> <li>• North Laurinburg Elementary</li> </ul> |

# Attachment 1: Selected School Systems and Schools

| LEAs and Schools |   | LEAs and Schools |  |
|------------------|---|------------------|--|
| Swain            | <ul style="list-style-type: none"> <li>• Swain High</li> <li>• Swain Middle</li> <li>• Swain East Elementary</li> </ul>   | Vance            | <ul style="list-style-type: none"> <li>• L.B. Yancey Elementary</li> <li>• Henderson Middle</li> <li>• Southern Vance High</li> <li>• Pinkston Street Elementary</li> <li>• Eaton-Johnson Middle</li> <li>• Northern Vance High</li> </ul> |
| Wayne            | <ul style="list-style-type: none"> <li>• Spring Creek Elementary</li> <li>• Spring Creek High</li> <li>• North Drive Elementary</li> <li>• Brogden Primary</li> <li>• Grantham School</li> <li>• Carver Elementary</li> </ul> |                  |  |